



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

ORGAN AND TISSUE DONATION

Effective Date: May 22, 2015

Policy #: PH-05

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- I. PURPOSE:** To clarify issues regarding potential organ, tissue, and eye donations from Montana State Hospital (MSH) patients. To comply with State and Federal requirements for participation in organ donation programs and offering this service.
- II. POLICY:**
 - A. MSH adheres to the Guidelines of the American Council on Transplantation. The Hospital contracts with LifeCenter Northwest, which is a designated regional organ, tissue, and eye donation agency. LifeCenter Northwest provides the services of a transplant coordinator who can answer questions that patients or families may have regarding organ/tissue/eye donation.
 - B. MSH recognizes the right of every individual to determine the disposition of his/her organs and tissues upon death. When a patient has not made his/her wishes known through the donor registry, or through a properly executed document of anatomical gift, families of potential donors should be offered the option of donation. Staff of this hospital will exercise discretion and sensitivity for the circumstances, beliefs and desires of the families of potential donors.
 - C. Prior to approaching the family, all patient deaths at MSH will be reported to the Donor Referral Line, regardless of age or medical/social history, to determine medical suitability for tissue and eye donations. MSH staff will provide timely notification to the donor referral line. Timely notification is defined as notification within one hour of the patient meeting imminent death, brain death, or cardiac death. Staff from LifeCenter Northwest are responsible for contacting the family, though MSH staff may assist if requested.
 - D. MSH does not provide services to severely brain injured, ventilator dependent patients meeting the defined criteria for imminent death. Neither does MSH have an operating room. Therefore, no organ donations will occur on site.
 - E. MSH works cooperatively with the donation agencies in reviewing death records to improve identification of potential donors.
 - F. MSH works cooperatively with the donation agencies in educating staff on donation issues.

III. DEFINITIONS:

- A. Imminent Death - a severely brain injured, ventilator dependent patient, with either clinical findings consistent with a Glasgow Coma Scale (GCS) of 5 or less, or a plan to discontinue mechanical or pharmacological support.

IV. RESPONSIBILITIES:

- A. The on duty Nursing Supervisor or designee is responsible for making the contacts required under this policy including “timely notification,” within one hour of the patient meeting imminent death, brain death, or cardiac death to the Donor Referral Line at 1-(888) 266-4466..
- B. The Purchasing Specialist shall be responsible for maintaining the contract with the organ/tissue/eye donation organization(s).

V. PROCEDURE:

- A. At the time of all patient deaths the Nurse Supervisor or designee will contact the Donor Referral Line at **1-(888) 266-4466** to evaluate medical suitability for donation, regardless of age or medical/social history. The referral call is placed prior to approaching the family about the possibility of organ/tissue donation.
- B. The LifeCenter Northwest donor coordinator will facilitate family notification of patient’s donor registration and/or approach the family with the help of hospital staff. Once medical suitability is determined by the donor coordinator, hospital staff can introduce the topic of donation to the potential donor family and then connect the family to the donor coordinator over the phone. The donor coordinator is then responsible for providing donation information and gaining consent if the family wishes to donate.
- C. The LifeCenter Northwest is responsible for making arrangements to transport the donor to an appropriate facility to perform tissue recovery. Eye only recovery may occur in the patient room, funeral home or the morgue. See Attachment B. MSH will not assume any expenses related to organ, tissue, or eye donation.
- D. In the event of pending tissue/eye donation and in consultation with the appropriate agency, the Nurse Supervisor or designee will ensure the following:
1. Tissue Donor: Cool body as soon as possible
 2. Eye Donor: Saline irrigation to eyes
Eyelids completely closed
Elevate head of bed

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- E. The Nurse Supervisor or designee will document outcomes of the referral call, medical suitability, and request (if applicable) in Sections I and II of the **Organ & Tissue Donor Inquiry/Information to Funeral Home** form (see Attachment A).
- F. The Nurse Supervisor or designee will complete all information regarding notification and disposition in Sections III and IV of the **Organ & Tissue Donor Inquiry/Information to Funeral Home** form.
- G. The Organ & Tissue Donor Inquiry/Information to Funeral Home form is filed in the deceased patient's medical record under the Legal section.
- VI. REFERENCES:** Hospital Licensure Standard 482.45, Organ, Tissue, and Eye Procurement.
- VII. COLLABORATED WITH:** Director of Nursing, Medical Staff
- VIII. RESCISSIONS:** #PH-05, *Organ and Tissue Donation* dated January 20, 2012; #PH-05, *Organ and Tissue Donation* dated May 2, 2008; #PH-05, *Organ and Tissue Donation* dated August 22, 2006; #PH-05, *Organ and Tissue Donation* dated August 4, 2003; #PH-05, *Organ and Tissue Donation* dated March 31, 2003; #PH-05, *Organ and Tissue Donation* dated July 13, 2001; #PH-05, *Organ and Tissue Donation* dated February 14, 2000; and #PH-05-96-N, *Organ and Tissue Donation* dated November 1, 1996.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director
- XII. ATTACHMENTS:**
- A. Organ and Tissue Donor Inquiry/Information to Funeral Home Form
- B. LifeCenter Northwest Donor Hospital Memorandum of Agreement & Addendum

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

ORGAN & TISSUE DONOR INQUIRY**I. ELIGIBILITY - Prior to approaching the family:**

A. The Donor Referral Line must be contacted on ALL deaths & imminent deaths to determine medical suitability for donation. and assessment for donor registration.

Ventilated Patients: PHONE - 1(888) 543-3287

Non-Ventilated Patients: PHONE - 1(888) 266-4466

Name of Donation Agency Coordinator

Referral Reference # from Donor Referral Line

B. Candidate for Organ/Tissue Donation:

☐ YES

☐ NO - Reason _____

The patient is a potential donor for the following organs/tissues (check all that apply):

☐ Organs

☐ Bones/Tissue

☐ Heart for valves

☐ Eyes

**IF DETERMINED NOT MEDICALLY SUITABLE TO DONATE-
PROCEED TO REPORT OF DEATH SECTION.**

II. REQUEST

Donor Registration: Donation agency coordinator will provide a confirmation form to place in the chart. No Family consent is necessary.

A. Donation Agency Coordinator OR Hospital Trained Designated Requestor to approach family with coordinator guidance.

(Name)

B. Name & Relationship of next-of-kin to whom Request made:

(Name)

C. Response of Family:

☐ Yes - Complete Consent for Organ and Tissue

☐ No – Indicate family reason for denial.

D. Medical Examiner (ME)/Coroner -if applicable

(Name/County)

INFORMATION TO FUNERAL HOME**III. NOTIFICATION**

A. Patient Name _____

Social Sec.# _____

Date of Birth _____

Occupation _____

Date Admitted _____ Time _____

Date of Death _____ Time _____

B. Next-of-kin (name/address/phone)

C. Primary Physician(s):

D. Was patient in isolation at time of death:

☐ YES, what type _____

☐ NO

E. ME/Coroner's Case ☐ YES ☐ NO

Body Released ☐ YES ☐ NO

Released for Donation ☐ YES ☐ NO

Name of ME/Coroner notified:

Time Notified: _____

F. Autopsy:

☐ YES, requester _____

(fill out autopsy form)

☐ NO

RN Signature

Date

IV. DISPOSITION

A. Disposition of valuables / Belongings

☐ To family ☐ To funeral home ☐ Kept on unit

B. Funeral Home: (Name/phone number)

C. Funeral Home Notified by:

Time: _____

Signature from Funeral Home

Date/Time

Persons Authorized to Consent/Next-of-kin Hierarchy: (Washington)

- 1) Durable Power of Attorney of Health Care
- 2) Legal Guardian
- 3) Spouse
- 4) Son or Daughter (18 years of age or older)
- 5) Parent
- 6) Brother or Sister (18 years of age or older)
- 7) Any Other Person Legally Authorized

The Medical Examiner/Coroner will need to be notified for release of body and to request permission for Organ and/or Tissue Donation and in the following cases:

- Homicide
- Suicide
- Accident
- Unknown or doubtful cause
- Trauma
- Drug related
- Deaths within 24 hours of admission

Persons Authorized to Consent/Next-of-Kin Hierarchy: (Idaho)

- 1) Durable Power of Attorney of Health Care
- 2) Spouse
- 3) Son or Daughter (18 years of age or older)
- 4) Parent
- 5) Grandparent
- 6) Legal Guardian

The Medical Examiner/Coroner will need to be notified for release of body and to request permission for Organ and/or Tissue Donation and in the following cases:

- Homicide
- Suicide
- Accident
- Unknown or doubtful cause
- Trauma
- Drug related
- Deaths within 24 hours of admission

Persons Authorized to Consent/Next-of-kin Hierarchy: (Montana)

- 1) Durable Power of Attorney of Health Care
- 2) Spouse
- 3) Son or Daughter (18 years of age or older)
- 4) Parent
- 5) Adult Brother or Sister
- 6) Grandparent
- 7) Legal Guardian

The Medical Examiner/Coroner will need to be notified for release of body and to request permission for Organ and/or Tissue Donation and in the following cases:

- Homicide
- Suicide
- Accident
- Unknown or doubtful cause
- Trauma
- Drug related
- Deaths within 24 hours of admission

ATTACHMENT B

ADDENDUM TO LIFECENTER NORTHWEST DONOR HOSPITAL MEMORANDUM OF AGREEMENT

Notwithstanding any of the above provisions, Montana State Hospital does not have the capability to provide ventilator support or operating room support for organ or tissue donation. This means that patients who die at Montana State Hospital would not be candidates for organ donation. Possibly, there could be cases of tissue or eye donation. In such case, Montana State Hospital can provide the facilities of its Medical Clinic or hospital unit examining rooms to assist with tissue or eye donations as performed by specialized personnel from the tissue or eye centers. Montana State Hospital does not have facilities for hypothermia or any specialized maintenance procedures prior to organ or tissue donation.